What Health
Care Services
do Medicare
Beneficiaries
Receive?

Table 3.1 Inpatient Hospital User Rates for Noninstitutionalized Medicare Beneficiaries, by Insurance Coverage, and by Demographic, Socioeconomic, and Health Characteristics, 1998

		Medicare		Supplement	al Health Insurance		
Beneficiary		Fee-for-Service		Individually-Purchased	Employer-Sponsored	Both Types of	Medicare
Characteristic	Total	Only	Medicaid	Private Insurance	Private Insurance	Private Insurance	нмо2
			Percentag	ge of Beneficiaries with at Leas	st One Inpatient Hospital Sta	у	
All Beneficiaries	18.50	16.21	22.89	20.43	17.22	15.03	16.98
	0.46	1.19	1.11	0.95	0.69	1.63	0.70
Medicare Status ³							
Aged	44.00	40.05	00.77	45.40	40.00	11.10	10.00
65 - 74 years	14.03 <i>0.53</i>	10.35 1.77	20.77 1.85	15.48 <i>1.35</i>	12.66 <i>0.81</i>	11.10 1.72	13.63 <i>1.06</i>
75 - 84 years	22.04	20.15	28.28	23.75	21.78	15.17	19.12
75 - 64 years	0.77	20.15 2.35	2.22	1.47	1.35	2.72	19.12
85 years and older	30.37	28.56	32.28	30.15	29.29	39.16	29.41
oo years and older	1.42	3.88	2.94	2.68	2.62	6.06	3.37
	1.42	3.00	2.34	2.00	2.02	0.00	0.07
Disabled							
Under 45 years	18.04	21.39	17.75	7.18	19.54	14.14	5.74
	1.45	4.52	1.79	5.49	3.37	14.72	3.94
45 - 64 years	20.30	17.11	21.49	18.71	21.64	12.15	22.63
	1.64	2.32	2.82	5.87	3.69	9.48	4.73
Gender							
Male	19.38	18.13	22.71	21.00	19.08	17.30	17.27
Maio	0.59	1.46	1.64	1.31	1.07	2.53	1.28
Female	17.79	13.78	23.00	20.07	15.48	13.26	16.74
	0.57	1.64	1.38	1.22	0.86	2.32	0.94
Living Arrangement	10.10	40.00					
Alone	19.46	16.20	24.68	20.90	17.53	15.46	17.61
14.00	0.68	1.81	1.57	1.45	1.13	2.78	1.46
With spouse	16.60	16.35	20.10	18.70	15.95	12.47	15.55
1450	0.60	1.88	2.07	1.28	0.85	1.87	1.05
With children	24.40	20.89	22.48	26.74	25.85	35.12	24.98
	1.32	3.17	2.33	3.24	3.32	11.03	3.24
With others	20.72	10.98	22.54	26.29	25.31	29.56	15.89
	1.33	2.30	2.35	3.40	4.20	11.52	2.65

Table 3.1 Inpatient Hospital User Rates for Noninstitutionalized Medicare Beneficiaries, by Insurance Coverage, and by Demographic, Socioeconomic, and Health Characteristics, 1998

		Medicare		Supplement	Supplemental Health Insurance			
Beneficiary		Fee-for-Service		Individually-Purchased	Employer-Sponsored	Both Types of	Medicare	
Characteristic	Total	Only	Medicaid	Private Insurance Pri	Private Insurance	Private Insurance	нмо2	
			Percentag	ge of Beneficiaries with at Leas	st One Inpatient Hospital Sta	у		
All Beneficiaries	18.50	16.21	22.89	20.43	17.22	15.03	16.98	
	0.46	1.19	1.11	0.95	0.69	1.63	0.70	
Race/Ethnicity								
White non-Hispanic	18.56	15.30	24.89	20.85	17.23	14.85	17.23	
	0.51	1.40	1.52	1.00	0.74	1.67	0.84	
Black non-Hispanic	20.58	18.28	25.53	16.56	19.51	24.61	15.52	
·	1.20	2.56	1.98	4.15	2.65	11.97	2.67	
Hispanic	17.10	19.60	19.41	14.19	14.44	10.98	15.58	
·	1.48	4.14	2.29	4.04	2.75	8.29	2.88	
Other	13.36	14.34	10.17	16.88	15.95	0.00	15.45	
	2.04	5.74	2.53	6.67	5.89	0.00	4.84	
Income								
Less than \$2,500	17.64	15.54	19.21	20.60	15.98	0.00	17.54	
2000 π.α φ2,000	2.02	3.96	4.66	5.84	6.87	0.00	6.51	
\$2,500 - \$4,999	20.65	16.80	19.86	30.68	13.08	0.00	36.40	
φ=,000 φ .,000	2.63	4.21	3.57	7.19	7.94	0.00	16.64	
\$5,000 - \$7,499	20.50	9.55	22.65	22.30	23.84	32.77	14.46	
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	1.38	2.29	1.68	3.93	6.25	14.21	3.47	
\$7,500 - \$9,999	22.68	16.40	23.99	27.70	16.26	33.55	23.46	
Ţ.,, Ţ.,	1.33	2.62	2.47	2.63	3.12	21.89	3.01	
\$10,000 - \$14,999	19.62	12.75	22.22	23.44	20.25	15.44	18.26	
¥ 1 1,000	0.85	1.82	2.65	1.51	1.67	5.28	2.14	
\$15,000 - \$19,999	17.88	17.00	26.43	19.85	16.66	15.87	15.98	
, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	1.09	3.21	4.40	2.26	1.63	4.29	1.96	
\$20,000 - \$24,999	21.69	28.67	19.15	20.27	22.69	11.47	22.10	
. , + ,	1.34	6.15	9.51	2.60	2.38	3.99	2.34	
\$25,000 - \$29,999	18.64	19.98	34.68	22.22	17.07	21.46	14.79	
. , , , , , , , , , , , , , , , , , , ,	1.21	8.75	13.83	2.88	1.80	5.15	2.54	
\$30,000 or more	14.72	22.00	20.57	15.48	14.62	13.17	13.05	
. ,	0.74	3.92	7.48	1.50	0.96	2.01	1.53	

Table 3.1 Inpatient Hospital User Rates for Noninstitutionalized Medicare Beneficiaries, by Insurance Coverage, and by Demographic, Socioeconomic, and Health Characteristics, 1998

		Medicare		Supplement	al Health Insurance					
Beneficiary Characteristic	Total	Fee-for-Service Only	Medicaid	Individually-Purchased Private Insurance	Employer-Sponsored Private Insurance	Both Types of Private Insurance	Medicare HMO ²			
			Percentage of Beneficiaries with at Least One Inpatient Hospital Stay							
All Beneficiaries	18.50	16.21	22.89	20.43	17.22	15.03	16.98			
	0.46	1.19	1.11	0.95	0.69	1.63	0.70			
Health Status										
Excellent	7.98	8.34	9.69	8.65	7.19	6.38	8.33			
	0.75	2.09	2.28	1.55	1.24	2.71	1.50			
Very good	12.77	8.33	14.48	15.15	11.40	11.69	13.56			
	0.65	1.58	2.58	1.61	0.93	2.42	1.51			
Good	18.38	14.71	20.09	19.26	18.90	15.44	17.36			
	0.78	2.49	2.00	1.49	1.34	3.13	1.45			
Fair	26.05	21.50	22.89	32.28	24.99	28.14	28.06			
	0.95	2.77	1.56	2.22	1.93	5.43	2.64			
Poor	37.55	27.00	38.46	45.61	38.85	30.06	35.68			
	1.92	4.21	3.22	4.47	3.50	8.89	4.78			
Functional Limitation										
None	12.43	11.12	14.42	14.28	12.14	10.57	10.84			
	0.47	1.32	1.45	0.93	0.75	1.86	0.91			
IADL only ⁴	23.46	19.93	26.19	23.51	22.94	18.66	24.30			
	0.97	2.51	2.16	2.29	1.66	3.87	2.22			
One to two ADLs ⁵	28.75	23.64	24.07	35.37	26.48	24.54	34.27			
	1.36	3.84	2.59	2.72	2.24	5.05	3.21			
Three to five ADLs	39.73	25.88	38.34	44.74	41.26	38.96	45.25			
	1.61	5.61	3.42	3.72	4.30	9.08	4.46			

Table 3.1 Inpatient Hospital User Rates for Noninstitutionalized Medicare Beneficiaries, by Insurance Coverage, and by Demographic, Socioeconomic, and Health Characteristics, 1998

		Medicare	Supplemental Health Insurance								
Beneficiary Characteristic Total	Total	Fee-for-Service Only	Medicaid	Individually-Purchased Private Insurance	Employer-Sponsored Private Insurance	Both Types of Private Insurance	Medicare HMO ²				
		Percentage of Beneficiaries with at Least One Inpatient Hospital Stay									
All Beneficiaries	18.50	16.21	22.89	20.43	17.22	15.03	16.98				
	0.46	1.19	1.11	0.95	0.69	1.63	0.70				
Metropolitan Area Resident											
Yes	18.42	17.51	22.54	21.03	16.75	16.38	16.95				
	0.48	1.32	1.40	1.19	0.72	2.04	0.72				
No	18.89	14.22	23.93	19.54	19.12	11.16	17.43				
	0.98	1.99	1.93	1.43	1.66	2.83	1.72				

Source: Medicare Current Beneficiary Survey, CY 1998 Cost and Use Public Use File.

¹ The term *community-only residents* includes beneficiaries who resided only in the community during the year. It excludes beneficiaries who resided part of the year in the community and part of the year in a long-term care facility, and beneficiaries who resided only in a long-term care facility during the year.

² HMO stands for Health Maintenance Organization.

³ Medicare beneficiaries with end-stage renal disease (ESRD) are included within the subgroups of aged and disabled.

⁴ IADL stands for Instrumental Activity of Daily Living.

⁵ ADL stands for Activity of Daily Living.

Table 3.2 Outpatient Hospital User Rates for Noninstitutionalized Medicare Beneficiaries, by Insurance Coverage, and by Demographic, Socioeconomic, and Health Characteristics, 1998

		Medicare		Supplement	al Health Insurance		
Beneficiary		Fee-for-Service		Individually-Purchased	Employer-Sponsored	Both Types of	Medicare
Characteristic	Total	Only	Medicaid	Private Insurance	Private Insurance	Private Insurance	нмо ²
			Percentage	of Beneficiaries with at Least	One Outpatient Hospital Vis	it	
All Beneficiaries	65.84	55.12	72.89	70.64	65.51	71.29	59.08
	0.56	1.60	1.10	0.89	1.04	2.07	1.27
Medicare Status ³							
Aged							
65 - 74 years	63.12	47.56	72.96	68.46	63.26	70.48	56.37
	0.85	2.62	1.94	1.61	1.48	3.16	1.77
75 - 84 years	69.44	60.61	71.24	74.13	69.96	72.58	62.30
	0.76	2.78	2.33	1.41	1.59	3.38	1.83
85 years and older	65.83	61.69	72.60	66.57	68.26	67.41	56.60
	1.50	4.28	3.11	2.58	2.57	6.85	3.80
Disabled							
Under 45 years	65.21	52.10	72.25	65.95	59.71	100.00	36.83
Olider 45 years	1.78	5.02	1.87	11.69	4.66	0.00	10.46
45 - 64 years	68.97	62.23	75.24	79.42	64.15	76.03	74.23
40 - 04 years	1.58	3.39	3.03	6.21	3.65	17.19	5.16
Gender							
Male	63.47	56.08	69.12	69.48	62.17	67.61	59.57
	0.87	2.18	1.83	1.75	1.31	3.29	1.68
Female	67.74	53.89	75.14	71.37	68.63	74.16	58.69
	0.64	2.20	1.50	0.94	1.47	2.51	1.73
Living Arrangement							
Alone	68.16	56.82	76.10	69.72	68.01	76.73	61.92
	0.86	2.67	1.59	1.43	1.71	3.52	2.08
With spouse	65.34	55.95	72.38	72.17	64.71	69.17	58.54
·	0.84	2.65	2.62	1.30	1.24	2.86	1.77
With children	63.16	53.96	71.51	65.64	64.64	65.73	51.86
	1.86	4.17	2.66	3.67	3.88	10.33	3.71
With others	63.29	49.81	68.01	67.75	65.22	65.51	60.65
	1.76	4.02	2.32	4.14	4.86	12.68	4.78

Table 3.2 Outpatient Hospital User Rates for Noninstitutionalized Medicare Beneficiaries, by Insurance Coverage, and by Demographic, Socioeconomic, and Health Characteristics, 1998

		Medicare		Supplement	tal Health Insurance		
Beneficiary		Fee-for-Service		Individually-Purchased	Employer-Sponsored	Both Types of	Medicare
Characteristic	Total	Only	Medicaid	Private Insurance	Private Insurance	Private Insurance	нмо ²
			Percentage	of Beneficiaries with at Least	One Outpatient Hospital Vis	sit	
All Beneficiaries	65.84	55.12	72.89	70.64	65.51	71.29	59.08
	0.56	1.60	1.10	0.89	1.04	2.07	1.27
Race/Ethnicity							
White non-Hispanic	66.64	55.95	74.03	71.21	66.45	70.98	60.10
	0.65	2.01	1.55	0.96	1.11	2.13	1.40
Black non-Hispanic	66.14	57.59	76.14	70.30	63.96	84.51	55.11
· ·	1.30	3.32	1.97	4.94	3.21	8.66	4.13
Hispanic	59.35	45.25	68.10	60.95	52.69	85.78	56.63
·	1.75	6.52	2.56	4.81	4.34	13.03	4.16
Other	56.99	53.16	67.32	57.02	50.92	34.26	44.52
	3.88	8.69	5.73	10.73	8.36	33.87	9.61
Income							
Less than \$2,500	65.10	73.15	73.63	69.76	56.62	100.00	43.97
	3.74	9.84	5.85	8.50	9.77	0.00	9.25
\$2,500 - \$4,999	56.26	40.20	64.60	65.33	37.69	65.27	65.29
A A	3.54	7.05	4.47	8.67	11.63	33.68	13.88
\$5,000 - \$7,499	66.38	43.88	73.16	64.15	61.06	75.32	52.28
4	1.34	4.94	1.44	3.88	6.84	14.39	6.52
\$7,500 - \$9,999	66.39	55.00	75.30	68.56	58.14	85.07	59.93
***	1.34	3.30	2.04	2.99	4.64	15.69	3.88
\$10,000 - \$14,999	63.26	53.58	65.88	72.21	61.81	80.67	57.88
4.5.000 4.0.000	1.23	3.19	3.00	2.14	2.42	5.92	2.73
\$15,000 - \$19,999	64.26	55.33	76.17	69.61	61.28	73.71	61.85
Ф00 000 Ф04 000	1.34	4.42	6.33	1.84	2.52	4.49	3.11
\$20,000 - \$24,999	69.88	69.97	88.68	72.20	70.49	71.29	63.87
ФОБ 000 ФОО 000	1.55	5.62	9.09	2.43	2.51	5.94	3.06
\$25,000 - \$29,999	65.28	61.44	87.18	65.63	63.87	68.68	65.40
Ф00 000	2.12	10.84	7.55	3.72	3.16	6.75	4.04
\$30,000 or more	66.95	60.01	95.80	72.85	68.08	68.45	55.89
	1.04	4.95	4.32	1.79	1.46	3.08	2.44

Table 3.2 Outpatient Hospital User Rates for Noninstitutionalized Medicare Beneficiaries, by Insurance Coverage, and by Demographic, Socioeconomic, and Health Characteristics, 1998

		Medicare		Supplement	al Health Insurance		
Beneficiary Characteristic	Total	Fee-for-Service Only	Medicaid	Individually-Purchased Private Insurance	Employer-Sponsored Private Insurance	Both Types of Private Insurance	Medicar HMO ²
			Percentage	of Beneficiaries with at Least	One Outpatient Hospital Vis	it	
All Beneficiaries	65.84	55.12	72.89	70.64	65.51	71.29	59.08
	0.56	1.60	1.10	0.89	1.04	2.07	1.27
Health Status							
Excellent	53.09	37.22	57.72	60.80	52.19	60.37	49.20
	1.62	4.36	5.17	3.09	2.79	5.05	2.94
Very good	60.75	46.67	64.16	64.48	61.65	69.47	56.07
	1.00	3.05	3.13	1.81	1.90	3.67	2.28
Good	67.57	57.97	69.84	74.33	67.21	71.30	60.97
	0.97	2.85	2.14	1.49	1.55	3.36	2.30
Fair	74.43	61.81	76.90	77.94	77.55	85.25	68.62
	0.87	2.98	1.84	2.10	1.89	4.69	2.56
Poor	77.94	65.46	83.21	82.69	77.29	86.65	73.48
	1.50	4.85	2.20	2.99	3.16	10.19	5.07
Functional Limitation							
None	61.03	50.77	65.09	66.51	61.23	70.68	54.46
	0.74	2.27	1.68	1.34	1.29	2.83	1.56
IADL only ⁴	70.13	55.55	73.09	75.49	70.87	70.63	66.90
·	0.88	3.13	1.90	2.02	1.82	5.22	2.88
One to two ADLs ⁵	75.74	63.23	83.55	81.15	74.06	71.26	71.58
	1.54	3.94	2.50	2.58	2.40	6.20	3.21
Three to five ADLs	78.00	69.07	82.01	76.55	81.20	82.33	72.61
	1.29	5.89	2.27	2.81	2.83	7.44	5.60

Table 3.2 Outpatient Hospital User Rates for Noninstitutionalized Medicare Beneficiaries, by Insurance Coverage, and by Demographic, Socioeconomic, and Health Characteristics, 1998

		Medicare		Supplemental Health Insurance					
Beneficiary Characteristic	Total	Fee-for-Service Only	Medicaid	Individually-Purchased Private Insurance	Employer-Sponsored Private Insurance	Both Types of Private Insurance	Medicare HMO ²		
	Percentage of Beneficiaries with at Least One Outpatient Hospital Visit								
All Beneficiaries	65.84	55.12	72.89	70.64	65.51	71.29	59.08		
	0.56	1.60	1.10	0.89	1.04	2.07	1.27		
Metropolitan Area Resident									
Yes	62.96	50.10	70.96	66.28	63.04	68.55	58.66		
	0.66	2.17	1.30	1.40	1.21	2.56	1.32		
No	75.06	64.35	78.32	78.44	75.32	79.11	65.73		
	1.05	1.78	1.69	1.09	2.02	3.26	2.88		

Source: Medicare Current Beneficiary Survey, CY 1998 Cost and Use Public Use File.

¹ The term *community-only residents* includes beneficiaries who resided only in the community during the year. It excludes beneficiaries who resided part of the year in the community and part of the year in a long-term care facility, and beneficiaries who resided only in a long-term care facility during the year.

² HMO stands for Health Maintenance Organization.

³ Medicare beneficiaries with end-stage renal disease (ESRD) are included within the subgroups of aged and disabled.

⁴ IADL stands for Instrumental Activity of Daily Living.

⁵ ADL stands for Activity of Daily Living.

Table 3.3 Physician/Supplier Services User Rates for Noninstitutionalized Medicare Beneficiaries, by Insurance Coverage, and by Demographic, Socioeconomic, and Health Characteristics, 1998

		Medicare		Supplement	al Health Insurance		
Beneficiary		Fee-for-Service		Individually-Purchased	Employer-Sponsored	Both Types of	Medicare
Characteristic	Total	Only	Medicaid	Private Insurance	Private Insurance	Private Insurance	нмо ²
			Percentage of	Beneficiaries with at Least On	e Physician/Supplier Servic	e	
All Dan effetories	04.00	04.00	_				04.00
All Beneficiaries	94.03 <i>0.27</i>	84.06 <i>1.35</i>	93.87 <i>0.70</i>	95.39 <i>0.44</i>	95.06 <i>0.53</i>	98.39 <i>0.68</i>	94.80 <i>0.64</i>
2	0.27	1.00	0.70	0.44	0.00	0.00	0.04
Medicare Status ³							
Aged							
65 - 74 years	92.64	81.05	93.16	93.28	93.38	98.00	93.70
	0.40	2.17	1.28	0.96	0.78	1.17	0.93
75 - 84 years	96.44	86.34	94.48	97.55	97.39	99.61	96.70
	0.33	2.00	1.28	0.43	0.61	0.37	0.88
85 years and older	96.79	91.38	97.38	97.22	98.58	94.99	96.24
	0.51	2.26	1.36	0.77	0.61	3.02	1.26
Disabled							
Under 45 years	88.61	76.10	92.14	93.33	89.29	100.00	83.61
, , , , , , , , , , , , , , , , , , ,	1.34	4.67	1.27	4.61	3.09	0.00	10.66
45 - 64 years	93.50	87.34	94.57	93.28	97.11	100.00	94.55
, , , , , , , , , , , , , , , , , , , ,	0.91	2.49	1.76	3.76	1.41	0.00	3.19
Gender							
Male	92.78	81.39	91.78	95.09	94.14	98.98	94.33
iviale	0.36	1.74	1.08	0.79	0.75	0.59	0.94
Female	95.04	87.44	95.12	95.58	95.93	97.92	95.19
i emale	0.34	1.98	0.92	0.57	0.71	1.13	0.82
	0.04	1.50	0.52	0.37	0.71	1.10	0.02
Living Arrangement							
Alone	94.66	83.38	94.72	95.58	96.93	97.71	95.79
	0.42	2.16	1.09	0.79	0.71	1.45	0.97
With spouse	94.59	88.75	93.87	95.31	94.70	98.97	94.72
	0.38	1.78	1.26	0.73	0.62	0.79	0.88
With children	92.24	79.28	94.72	95.69	93.70	97.20	93.04
	1.07	3.76	1.09	1.36	2.39	2.71	2.35
With others	89.80	77.00	91.28	94.59	91.62	95.91	93.44
	1.17	4.22	1.87	1.90	2.73	4.25	2.17

Table 3.3 Physician/Supplier Services User Rates for Noninstitutionalized Medicare Beneficiaries, by Insurance Coverage, and by Demographic, Socioeconomic, and Health Characteristics, 1998

		Medicare		Supplement	al Health Insurance		
Beneficiary		Fee-for-Service		Individually-Purchased	Employer-Sponsored	Both Types of	Medicare
Characteristic	Total	Only	Medicaid	Private Insurance	Private Insurance	Private Insurance	нмо ²
			Percentage of	Beneficiaries with at Least Or	e Physician/Supplier Servic	e	
All Beneficiaries	94.03	84.06	93.87	95.39	95.06	98.39	94.80
	0.27	1.35	0.70	0.44	0.53	0.68	0.64
Race/Ethnicity							
White non-Hispanic	94.85	84.28	95.71	95.90	95.27	98.80	95.68
·	0.30	1.50	0.85	0.40	0.56	0.55	0.65
Black non-Hispanic	90.89	85.46	91.07	95.12	93.02	100.00	91.75
	0.97	2.56	1.42	3.18	1.97	0.00	2.14
Hispanic	91.16	85.51	93.08	88.66	93.57	100.00	90.32
·	1.07	4.10	1.56	4.31	1.98	0.00	2.22
Other	86.89	67.25	91.37	79.43	94.76	34.26	90.35
	2.29	8.86	2.70	8.80	5.07	33.87	5.82
Income	00.40	00.00	04.44	100.00	100.00	100.00	07.40
Less than \$2,500	96.40	96.23	91.44	100.00	100.00	100.00	97.10
#0.500 #4.000	1.25	2.97	3.80	0.00	0.00	0.00	2.84
\$2,500 - \$4,999	85.41	78.66	91.34	100.00	56.27	100.00	94.16
Φ. 000 Φ. 100	3.30	7.80	2.75	0.00	13.38	0.00	6.10
\$5,000 - \$7,499	91.38	76.26	93.86	90.69	93.79	100.00	96.35
#7.500 #0.000	0.83	4.56	1.07	3.24	4.86	0.00	2.20
\$7,500 - \$9,999	91.87	80.98	95.21	93.69	95.98	100.00	90.80
#40.000 #44.000	0.81	2.99	0.98	1.96	2.33	0.00	2.56
\$10,000 - \$14,999	92.33	82.45	91.70	95.51	93.69	100.00	93.56
¢15,000, ¢10,000	<i>0.80</i> 93.96	<i>2.58</i> 87.75	<i>2.20</i> 94.03	1.11 95.92	<i>1.52</i> 92.75	<i>0.00</i> 98.86	<i>1.75</i> 95.62
\$15,000 - \$19,999							
\$20,000 \$24,000	0.71	2.81	3.09	1.00	<i>1.52</i> 97.94	1.07	1.57
\$20,000 - \$24,999	96.48	88.98	100.00	97.60		99.02	93.39
\$25,000 \$20,000	0.60	3.81	0.00	1.24	0.70	0.99	1.86
\$25,000 - \$29,999	95.76	91.77	100.00	93.70	97.90	97.61	93.78
\$20,000,000	0.83	5.97	0.00	2.34	0.89	1.72	1.76
\$30,000 or more	95.67	90.56	100.00	95.48	95.25	97.79	97.06
	0.43	3.24	0.00	0.80	0.68	1.32	0.79

Table 3.3 Physician/Supplier Services User Rates for Noninstitutionalized Medicare Beneficiaries, by Insurance Coverage, and by Demographic, Socioeconomic, and Health Characteristics, 1998

		Medicare		Supplement	al Health Insurance		
Beneficiary Characteristic	Total	Fee-for-Service Only	Medicaid	Individually-Purchased Private Insurance	Employer-Sponsored Private Insurance	Both Types of Private Insurance	Medicare HMO ²
			Percentage of	Beneficiaries with at Least On	e Physician/Supplier Servic	e	
All Beneficiaries	94.03	84.06	93.87	95.39	95.06	98.39	94.80
	0.27	1.35	0.70	0.44	0.53	0.68	0.64
Health Status							
Excellent	89.47	72.98	87.99	89.18	91.96	99.16	90.04
	0.88	4.18	2.94	1.87	1.47	0.83	1.86
Very good	93.59	84.16	89.05	96.24	93.60	97.02	94.47
	0.58	2.28	2.47	0.61	1.17	1.76	1.25
Good	94.64	81.34	94.13	95.97	96.04	99.54	95.43
	0.42	2.62	1.24	0.66	0.86	0.45	1.00
Fair	96.05	91.05	94.61	97.06	97.46	98.54	98.39
	0.57	1.83	1.24	0.97	0.87	1.57	0.86
Poor	96.62	86.35	97.92	98.70	98.72	97.37	100.00
	0.68	3.40	0.85	0.77	1.00	2.76	0.00
Functional Limitation							
None	92.50	81.51	89.04	94.41	93.32	97.99	93.73
	0.40	1.74	1.41	0.69	0.75	0.97	0.80
IADL only ⁴	95.71	83.44	95.68	97.28	98.40	100.00	95.75
,	0.37	2.32	0.97	0.72	0.61	0.00	1.24
One to two ADLs ⁵	96.95	90.51	97.97	96.75	97.83	98.61	98.58
	0.46	2.77	0.67	1.20	0.71	1.47	0.71
Three to five ADLs	97.39	91.39	98.60	96.82	98.49	97.25	99.38
	0.67	3.42	0.81	1.31	1.50	2.79	0.59

Table 3.3 Physician/Supplier Services User Rates for Noninstitutionalized Medicare Beneficiaries, by Insurance Coverage, and by Demographic, Socioeconomic, and Health Characteristics, 1998

		Medicare		Supplement	tal Health Insurance		
Beneficiary Characteristic	Total	Fee-for-Service Only	Medicaid	Individually-Purchased Private Insurance	Employer-Sponsored Private Insurance	Both Types of Private Insurance	Medicare HMO ²
			Percentage of	Beneficiaries with at Least Or	ne Physician/Supplier Servic	ce	
All Beneficiaries	94.03	84.06	93.87	95.39	95.06	98.39	94.80
	0.27	1.35	0.70	0.44	0.53	0.68	0.64
Metropolitan Area Resident							
Yes	93.88	82.09	93.87	95.61	94.54	98.59	94.70
	0.34	1.80	0.80	0.62	0.65	0.72	0.66
No	95.04	88.49	94.41	95.65	97.31	97.80	96.36
	0.39	1.25	1.24	0.53	0.47	1.67	3.05

Source: Medicare Current Beneficiary Survey, CY 1998 Cost and Use Public Use File.

The term *community-only residents* includes beneficiaries who resided only in the community during the year. It excludes beneficiaries who resided part of the year in the community and part of the year in a long-term care facility, and beneficiaries who resided only in a long-term care facility during the year.

² HMO stands for Health Maintenance Organization.

³ Medicare beneficiaries with end-stage renal disease (ESRD) are included within the subgroups of aged and disabled.

⁴ IADL stands for Instrumental Activity of Daily Living.

⁵ ADL stands for Activity of Daily Living.

Table 3.4 Dental Services User Rates for Noninstitutionalized Medicare Beneficiaries, by Insurance Coverage, and by Demographic, Socioeconomic, and Health Characteristics, 1998

		Medicare		Supplement	tal Health Insurance		
Beneficiary		Fee-for-Service		Individually-Purchased	Employer-Sponsored	Both Types of	Medicare
Characteristic	Total	Only	Medicaid	Private Insurance	Private Insurance	Private Insurance	нмо2
			Percenta	ge of Beneficiaries with at Lea	st One Dental Service		
All Beneficiaries	42.50	23.61	23.26	44.22	51.17	65.87	43.84
	0.71	1.48	1.05	1.27	1.06	2.01	1.30
Medicare Status ³							
Aged							
65 - 74 years	45.78	22.97	17.89	47.58	54.58	67.53	45.91
	0.93	2.51	1.89	1.81	1.37	3.45	1.91
75 - 84 years	42.82	23.47	19.80	42.68	50.02	66.17	42.81
	1.03	3.10	2.02	1.57	1.79	3.43	1.86
85 years and older	31.58	14.10	9.64	36.61	37.85	55.83	33.91
	1.31	3.27	1.91	2.25	2.90	6.17	3.32
Disabled							
Under 45 years	36.28	23.03	36.03	54.43	45.62	84.19	34.16
	1.56	3.85	2.10	10.19	4.28	17.20	9.22
45 - 64 years	36.41	28.32	31.71	37.34	44.11	58.53	44.15
,	1.87	3.06	2.38	8.10	3.91	17.60	6.11
Gender							
Male	41.43	24.32	24.04	40.49	50.24	60.22	43.36
Maio	1.12	1.97	1.73	2.04	1.65	3.26	2.04
Female	43.37	22.72	22.79	46.59	52.05	70.28	44.24
	0.69	2.10	1.29	1.34	1.37	2.34	1.55
Living Arrangement							
Alone	39.39	23.13	21.57	43.91	49.28	70.81	38.58
Alone	0.91	2.30	1.56	1.77	1.73	3.61	1.95
With spouse	48.18	26.18	22.06	47.36	53.55	64.98	49.15
with spouse	0.99	2.32	2.32	1.82	1.30	2.66	1.78
With children	26.25	15.80	20.05	28.06	34.82	45.49	31.35
That official	1.37	2.97	2.04	3.30	4.19	9.60	3.83
With others	34.98	25.45	31.31	37.27	45.01	63.24	38.12
041010	1.68	3.92	2.25	3.62	5.02	12.14	4.16
	1.00	0.32	2.25	0.02	0.02	12.14	4

Table 3.4 Dental Services User Rates for Noninstitutionalized Medicare Beneficiaries, by Insurance Coverage, and by Demographic, Socioeconomic, and Health Characteristics, 1998

		Medicare		Supplement	al Health Insurance		
Beneficiary		Fee-for-Service		Individually-Purchased	Employer-Sponsored	Both Types of	Medicare
Characteristic	Total	Only	Medicaid	Private Insurance	Private Insurance	Private Insurance	нмо ²
			Perce	entage of Beneficiaries with at	Least One Dental Service		
All Beneficiaries	42.50	23.61	23.26	44.22	51.17	65.87	43.84
	0.71	1.48	1.05	1.27	1.06	2.01	1.30
Race/Ethnicity							
White non-Hispanic	45.71	25.50	24.55	45.30	52.64	67.48	45.71
	0.81	1.85	1.37	1.35	1.13	2.10	1.48
Black non-Hispanic	24.42	20.82	17.65	26.13	35.30	20.65	28.11
	1.32	2.56	1.57	5.86	3.44	11.69	3.69
Hispanic	32.77	17.54	24.58	35.68	44.12	79.31	44.28
	1.76	4.30	2.78	4.87	5.66	15.34	4.43
Other	30.66	18.34	26.76	25.77	48.15	0.00	32.88
	3.08	6.33	4.76	9.38	7.90	0.00	7.96
Income							
Less than \$2,500	33.28	33.30	31.21	37.17	34.92	100.00	24.98
	3.88	9.91	6.68	7.44	9.74	0.00	8.92
\$2,500 - \$4,999	21.28	15.89	17.34	26.03	24.15	65.27	46.49
	2.87	5.86	3.25	8.72	9.34	33.68	14.11
\$5,000 - \$7,499	20.10	18.17	17.84	23.59	48.12	46.89	16.39
	1.24	3.40	1.44	3.76	7.47	16.17	3.99
\$7,500 - \$9,999	25.75	18.33	26.93	23.92	28.74	39.32	31.07
	1.32	2.88	1.84	1.96	3.78	17.78	4.42
\$10,000 - \$14,999	32.14	22.09	29.56	32.91	35.87	56.38	32.39
	1.12	2.60	3.40	2.62	2.56	8.09	2.45
\$15,000 - \$19,999	39.30	27.52	25.69	43.26	39.95	51.63	40.08
	1.31	5.01	5.80	2.82	2.23	6.93	2.85
\$20,000 - \$24,999	41.67	20.70	36.87	41.45	44.31	58.49	38.79
	1.70	4.45	12.31	3.14	2.79	5.89	3.63
\$25,000 - \$29,999	51.62	33.78	18.69	44.28	55.43	71.97	52.26
	1.78	10.31	9.33	4.04	2.87	6.07	4.45
\$30,000 or more	62.61	37.02	35.54	63.25	63.45	73.26	61.10
	1.09	4.51	9.62	2.09	1.42	2.71	2.27

Table 3.4 Dental Services User Rates for Noninstitutionalized Medicare Beneficiaries, by Insurance Coverage, and by Demographic, Socioeconomic, and Health Characteristics, 1998

		Medicare		Supplement	al Health Insurance		
Beneficiary Characteristic	Total	Fee-for-Service Only	Medicaid	Individually-Purchased Private Insurance	Employer-Sponsored Private Insurance	Both Types of Private Insurance	Medicare HMO ²
			Perce	entage of Beneficiaries with at	Least One Dental Service		
All Beneficiaries	42.50	23.61	23.26	44.22	51.17	65.87	43.84
	0.71	1.48	1.05	1.27	1.06	2.01	1.30
Health Status							
Excellent	51.14	28.57	27.54	55.71	55.72	66.19	50.20
	1.35	4.69	3.92	2.78	2.27	5.76	3.13
Very good	48.51	26.79	21.25	49.37	56.95	64.62	46.15
	1.02	3.00	2.50	1.91	1.72	3.68	2.35
Good	43.01	20.89	24.63	44.72	50.70	71.22	43.13
	0.98	2.60	1.77	1.91	1.62	3.26	2.28
Fair	33.40	24.95	23.70	33.67	42.37	59.18	34.53
	1.15	2.64	2.00	2.13	2.44	6.19	2.67
Poor	27.43	18.02	20.48	19.61	39.52	52.12	38.26
	1.54	3.40	2.40	2.81	3.30	11.73	5.51
Functional Limitation							
None	46.84	22.56	23.33	49.73	54.56	66.04	46.20
	0.93	1.89	1.79	1.60	1.40	2.69	1.49
IADL only ⁴	38.69	26.86	24.67	37.77	49.00	64.52	41.32
•	1.13	2.81	1.79	2.13	2.39	6.09	2.54
One to two ADLs ⁵	35.57	22.39	23.32	36.47	43.38	71.35	33.21
	1.26	3.36	2.48	2.42	2.64	5.50	3.17
Three to five ADLs	27.56	23.50	19.47	22.76	32.61	54.53	41.29
	1.65	4.54	2.84	2.92	3.54	8.27	4.10

Table 3.4 Dental Services User Rates for Noninstitutionalized Medicare Beneficiaries, by Insurance Coverage, and by Demographic, Socioeconomic, and Health Characteristics, 1998

		Medicare		Supplement	al Health Insurance		Medicare
Beneficiary		Fee-for-Service		Individually-Purchased	Employer-Sponsored	Both Types of Private Insurance	
Characteristic	Total	Only	Medicaid	Private Insurance	Private Insurance		нмо ²
			Perc	entage of Beneficiaries with at	Least One Dental Service		
All Beneficiaries	42.50	23.61	23.26	44.22	51.17	65.87	43.84
	0.71	1.48	1.05	1.27	1.06	2.01	1.30
Metropolitan Area Resident							
Yes	44.35	22.54	24.62	47.00	52.43	69.75	44.44
	0.73	1.64	1.23	1.83	1.08	2.21	1.31
No	37.15	25.74	19.85	39.58	47.07	54.76	34.67
	1.63	2.86	1.95	1.59	2.82	4.73	6.99

Source: Medicare Current Beneficiary Survey, CY 1998 Cost and Use Public Use File.

¹ The term *community-only residents* includes beneficiaries who resided only in the community during the year. It excludes beneficiaries who resided part of the year in the community and part of the year in a long-term care facility, and beneficiaries who resided only in a long-term care facility during the year.

² HMO stands for Health Maintenance Organization.

³ Medicare beneficiaries with end-stage renal disease (ESRD) are included within the subgroups of aged and disabled.

⁴ IADL stands for Instrumental Activity of Daily Living.

⁵ ADL stands for Activity of Daily Living.

Table 3.5 Prescription Medicine User Rates for Noninstitutionalized Medicare Beneficiaries, by Insurance Coverage, and by Demographic, Socioeconomic, and Health Characteristics, 1998

		Medicare		Supplement	tal Health Insurance		
Beneficiary		Fee-for-Service		Individually-Purchased	Employer-Sponsored	Both Types of	Medicare
Characteristic	Total	Only	Medicaid	Private Insurance	Private Insurance	Private Insurance	нмо ²
			Percenta	age of Beneficiaries with at Lea	ast One Prescribed Medicine		
All Beneficiaries	89.01	78.05	90.95	89.56	89.57	91.53	91.00
	0.31	1.47	0.72	0.69	0.56	1.54	0.77
Medicare Status ³ Aged							
65 - 74 years	86.55	74.10	89.97	85.79	86.68	89.12	89.83
	0.47	2.49	1.28	1.31	0.87	2.66	1.13
75 - 84 years	91.66	79.63	91.62	93.28	92.32	94.17	91.49
	0.42	2.70	1.77	0.65	0.80	1.94	0.92
85 years and older	92.18	83.12	96.21	91.50	92.75	95.07	93.60
	0.77	3.16	1.51	1.29	1.43	2.84	1.62
Disabled							
Under 45 years	86.32	75.32	86.59	100.00	93.49	100.00	85.12
	1.43	3.80	1.76	0.00	1.67	0.00	8.74
45 - 64 years	91.85	82.72	93.69	93.03	95.77	89.79	97.16
	0.92	2.63	1.25	3.29	1.73	11.06	2.14
Gender							
Male	86.57	75.21	90.00	87.14	86.69	92.30	89.75
	0.55	1.93	1.21	1.30	0.87	2.14	1.05
Female	90.96	81.65	91.52	91.10	92.26	90.92	92.01
	0.37	2.18	0.85	0.73	0.77	1.87	1.01
Living Arrangement							
Alone	89.98	77.73	92.08	89.57	92.25	89.65	92.36
	0.55	2.55	1.25	0.98	1.02	2.56	1.29
With spouse	89.00	81.23	93.23	89.62	88.27	91.89	90.77
	0.41	2.22	1.45	1.00	0.68	2.21	0.91
With children	88.14	74.37	89.03	90.80	92.51	96.60	89.43
	1.33	4.17	1.79	2.44	2.03	3.72	2.96
With others	86.15	73.39	87.92	86.97	91.38	95.91	88.99
	1.23	3.78	1.51	3.49	2.72	4.25	3.10

Table 3.5 Prescription Medicine User Rates for Noninstitutionalized Medicare Beneficiaries, by Insurance Coverage, and by Demographic, Socioeconomic, and Health Characteristics, 1998

		Medicare		Supplement	al Health Insurance		
Beneficiary		Fee-for-Service		Individually-Purchased	Employer-Sponsored	Both Types of	Medicare
Characteristic	Total	Only	Medicaid	Private Insurance	Private Insurance	Private Insurance	нмо2
			Percenta	age of Beneficiaries with at Lea	ast One Prescribed Medicine		
All Beneficiaries	89.01	78.05	90.95	89.56	89.57	91.53	91.00
	0.31	1.47	0.72	0.69	0.56	1.54	0.77
Race/Ethnicity							
White non-Hispanic	89.40	77.52	92.19	90.06	89.48	91.81	91.57
·	0.34	1.92	0.96	0.70	0.62	1.54	0.79
Black non-Hispanic	87.54	78.54	90.88	90.08	90.12	92.74	86.43
·	1.03	2.78	1.23	3.50	2.16	7.89	2.77
Hispanic	87.55	81.76	89.67	80.27	89.93	100.00	89.26
·	1.40	4.39	2.18	5.07	2.80	0.00	3.62
Other	84.96	72.31	85.66	80.16	90.89	34.26	92.52
	2.66	10.93	4.00	8.15	4.78	33.87	5.72
Income							
Less than \$2,500	90.35	92.81	89.61	86.49	96.96	100.00	85.91
	2.20	4.81	4.10	7.02	3.29	0.00	6.96
\$2,500 - \$4,999	81.15	68.14	88.76	95.46	56.15	100.00	86.36
	3.85	8.97	3.63	3.35	13.40	0.00	12.84
\$5,000 - \$7,499	86.39	70.96	89.76	85.46	80.36	93.04	89.80
	1.21	4.41	1.25	3.35	7.29	7.12	3.74
\$7,500 - \$9,999	87.61	74.48	92.80	88.88	87.54	71.19	88.91
	1.10	3.29	1.50	2.11	3.91	16.55	3.03
\$10,000 - \$14,999	89.40	79.85	92.10	90.59	91.10	81.90	92.23
	0.88	2.54	1.97	1.86	1.61	7.44	1.58
\$15,000 - \$19,999	89.85	83.51	91.29	91.49	89.10	95.61	90.71
	0.89	3.77	3.78	1.58	1.73	2.60	2.15
\$20,000 - \$24,999	90.55	82.58	94.38	90.65	91.45	88.57	91.36
	1.02	5.59	5.79	1.96	1.43	4.34	2.14
\$25,000 - \$29,999	88.93	82.71	80.03	85.35	89.30	95.75	92.28
	0.99	7.69	16.46	2.73	1.92	2.46	2.04
\$30,000 or more	89.52	75.03	94.60	89.40	89.54	92.65	90.97
	0.69	5.05	5.21	1.23	1.02	2.05	1.38

Table 3.5 Prescription Medicine User Rates for Noninstitutionalized Medicare Beneficiaries, by Insurance Coverage, and by Demographic, Socioeconomic, and Health Characteristics, 1998

		Medicare		Supplement	al Health Insurance		
Beneficiary		Fee-for-Service		Individually-Purchased	Employer-Sponsored	Both Types of	Medicar
Characteristic	Total	Only	Medicaid	Private Insurance	Private Insurance	Private Insurance	нмо ²
			Percenta	ge of Beneficiaries with at Lea	ast One Prescribed Medicine		
All Beneficiaries	89.01	78.05	90.95	89.56	89.57	91.53	91.00
	0.31	1.47	0.72	0.69	0.56	1.54	0.77
Health Status							
Excellent	79.04	58.32	78.73	80.20	80.84	82.63	81.87
	1.01	4.42	4.10	2.49	1.94	4.78	2.07
Very good	86.06	74.30	85.89	86.89	85.75	87.64	89.55
	0.65	2.96	2.48	1.49	1.24	3.04	1.51
Good	91.17	78.17	88.27	92.24	93.22	95.84	92.75
	0.56	2.55	1.42	1.07	0.86	1.73	1.17
Fair	94.81	87.96	95.44	95.49	94.58	100.00	98.55
	0.70	2.23	0.92	1.29	1.21	0.00	0.77
Poor	94.45	82.94	96.20	94.19	97.41	100.00	99.22
	0.95	4.21	1.15	1.62	1.36	0.00	0.81
Functional Limitation							
None	85.94	73.47	87.42	86.61	86.41	89.19	88.21
	0.45	2.09	1.45	1.03	0.78	2.29	1.00
IADL only ⁴	92.86	80.16	93.08	93.34	94.72	96.01	96.51
•	0.62	2.63	1.09	0.94	0.99	2.32	1.18
One to two ADLs ⁵	94.58	87.47	91.41	96.71	96.11	95.95	97.19
22.10.1110.11220	0.64	3.24	2.08	0.98	1.02	2.40	0.90
Three to five ADLs	94.46	85.82	95.65	93.66	95.54	95.74	99.19
This to live ADES	0.90	4.69	1.25	2.24	2.00	4.33	0.84

Table 3.5 Prescription Medicine User Rates for Noninstitutionalized Medicare Beneficiaries, by Insurance Coverage, and by Demographic, Socioeconomic, and Health Characteristics, 1998

		Medicare	Supplemental Health Insurance				
Beneficiary		Fee-for-Service		Individually-Purchased	Employer-Sponsored	Both Types of	Medicare
Characteristic	Total	Only	Medicaid	Private Insurance	Private Insurance	Private Insurance	HMO ²
			Percenta	age of Beneficiaries with at Lea	ast One Prescribed Medicine		
All Beneficiaries	89.01	78.05	90.95	89.56	89.57	91.53	91.00
	0.31	1.47	0.72	0.69	0.56	1.54	0.77
Metropolitan Area Resident							
Yes	89.06	75.74	90.78	90.04	89.29	92.74	90.91
	0.39	2.17	0.80	0.89	0.64	1.72	0.82
No	89.10	82.99	91.36	88.89	90.85	88.05	92.49
	0.44	1.20	1.59	1.16	1.08	3.35	1.48

Source: Medicare Current Beneficiary Survey, CY 1998 Cost and Use Public Use File.

The term *community-only residents* includes beneficiaries who resided only in the community during the year. It excludes beneficiaries who resided part of the year in the community and part of the year in a long-term care facility, and beneficiaries who resided only in a long-term care facility during the year.

² HMO stands for Health Maintenance Organization.

³ Medicare beneficiaries with end-stage renal disease (ESRD) are included within the subgroups of aged and disabled.

⁴ IADL stands for Instrumental Activity of Daily Living.

⁵ ADL stands for Activity of Daily Living.

Table 3.6 Facility User Rates for Medicare Beneficiaries, by Insurance Coverage, and by Demographic, Socioeconomic, and Health Characteristics, 1998

All Medicare Beneficiaries

	Medicare		Supplement	tal Health Insurance ²
Beneficiary Characteristic	Total ¹	Fee-for-Service Only	Medicaid	Private Insurance
	Percentage	of Beneficiaries with at I	_east One Short-	or Long-Term Facility Stay
All Beneficiaries	9.19	9.36	27.73	5.09
	0.25	0.77	0.91	0.30
Medicare Status ³ Aged				
65 - 74 years	3.32	3.04	14.69	1.81
	0.25	0.84	1.57	0.25
75 - 84 years	10.21	13.47	35.85	6.08
· ·	0.46	1.99	1.97	0.49
85 years and older	34.14	37.88	66.20	20.98
	0.98	3.18	2.03	1.48
Disabled				
Under 45 years	8.31	2.87	12.49	1.29
Officer 45 years	0.94	2.12	12.49	0.75
45 - 64 years	6.41	4.13	14.29	2.30
40 - 04 years	0.70	1.31	1.88	0.78
Gender				
Male	7.05	6.93	25.10	4.00
	0.35	0.92	1.33	0.38
Female	10.84	12.27	29.22	5.95
	0.34	0.98	1.19	0.38
Marital Status				
Married	3.77	4.57	20.18	2.58
	0.24	0.93	1.62	0.25
Widowed	16.18	16.35	36.72	9.56
	0.50	1.71	1.70	0.63
Divorced/separated	8.02	5.00	15.43	5.46
	0.79	1.71	1.84	1.11
Never married	17.86	12.05	26.91	10.77
	1.01	2.20	1.74	1.54

Table 3.6 Facility User Rates for Medicare Beneficiaries, by Insurance Coverage, and by Demographic, Socioeconomic, and Health Characteristics, 1998

All Medicare Beneficiaries 2 of 4

		Medicare	Supplement	al Health Insurance ²	
Beneficiary Characteristic	Total ¹	Fee-for-Service Only	Medicaid	Private Insurance	
	Percentage of	of Beneficiaries with at L	east One Short- c	or Long-Term Facility Stay	
All Beneficiaries	9.19	9.36	27.73	5.09	
	0.25	0.77	0.91	0.30	
Race/Ethnicity					
White non-Hispanic	9.51	11.11	37.21	5.29	
·	0.28	1.00	1.29	0.31	
Black non-Hispanic	10.28	4.25	20.08	4.04	
	0.67	1.25	1.54	1.16	
Hispanic	3.78	4.26	6.49	1.95	
	0.51	1.31	1.17	0.58	
Other	6.61	12.70	9.72	2.64	
	1.28	5.01	2.03	0.92	
ncome	13.57	F 00	27.81	7.21	
Less than \$2,500	2.16	5.29 <i>3.00</i>	4.18	2.78	
\$2,500 - \$4,999	28.27	12.16	41.32	12.11	
\$2,500 - \$4,999	2.36	2.42	3.16	4.38	
\$5,000 - \$7,499	17.19	3.97	21.75	11.63	
\$5,000 - \$7,499	0.93	1.05	1.19	2.24	
\$7,500 - \$9,999	16.21	9.83	27.18	8.97	
Ψ7,300 - ψ3,939	0.93	1.97	1.68	1.04	
\$10,000 - \$14,999	9.94	7.22	28.68	6.73	
\$10,000 - \$14,999	0.56	1.38	2.23	0.77	
\$15,000 - \$19,999	7.35	8.55	34.33	5.10	
φ10,000 ψ10,000	0.76	2.07	4.54	0.69	
\$20,000 - \$24,999	6.72	13.51	50.50	4.98	
φ=0,000 φ± 1,000	0.73	3.36	8.70	0.65	
\$25,000 - \$29,999	5.29	20.72	42.82	3.71	
φ=0,000 φ=0,000	0.78	5.43	10.92	0.74	
\$30,000 or more	4.18	14.75	47.77	3.56	
+ , 0 0 0 0	0.37	2.56	7.57	0.40	

Table 3.6 Facility User Rates for Medicare Beneficiaries, by Insurance Coverage, and by Demographic, Socioeconomic, and Health Characteristics, 1998

All Medicare Beneficiaries

3 of 4

		Medicare	Supplemental Health Insurance ²	
Beneficiary Characteristic	Total ¹	Fee-for-Service Only	Medicaid	Private Insurance
	Percentage of	of Beneficiaries with at L	east One Short-	or Long-Term Facility Sta
All Beneficiaries	9.19	9.36	27.73	5.09
	0.25	0.77	0.91	0.30
Health Status				
Excellent	2.21	2.89	11.06	1.40
	0.33	0.97	2.12	0.37
Very good	3.10	4.86	15.05	1.88
	0.30	1.50	1.83	0.33
Good	8.24	9.86	25.45	4.68
	0.44	1.51	1.66	0.39
Fair	17.77	11.62	33.95	11.66
	0.72	1.74	1.39	1.01
Poor	18.97	14.28	30.61	12.22
	1.09	2.66	2.64	1.55
Functional Limitation				
None	1.44	1.60	3.11	1.32
	0.12	0.46	0.59	0.15
IADL only ⁴	5.68	5.30	9.15	4.74
	0.47	1.35	1.09	0.65
One to two ADLs ⁵	16.92	15.70	35.19	11.70
	1.01	2.41	2.27	1.27
Three to five ADLs	49.24	42.08	67.95	31.10
	1.42	3.80	1.80	2.52

Table 3.6 Facility User Rates for Medicare Beneficiaries, by Insurance Coverage, and by Demographic, Socioeconomic, and Health Characteristics, 1998

All Medicare Beneficiaries 4 of 4

	Medicare	Supplemental Health Insurance ²	
Total ¹		Medicaid	Private Insurance
	- ,		
Percentage of	f Beneficiaries with at Le	east One Short-	or Long-Term Facility Stay
9.19	9.36	27.73	5.09
0.25	0.77	0.91	0.30
9.02	10.71	27.56	5.12
0.28	1.11	1.09	0.32
9.74	7.12	28.27	5.06
0.55	0.72	1.74	0.62
	9.19 0.25 9.02 0.28 9.74	Fee-for-Service Only	Fee-for-Service Medicaid

Source: Medicare Current Beneficiary Survey, CY 1998 Cost and Use Public Use File.

- The 9.19 percent of Medicare beneficiaries with a facility stay differs from the 6.69 percent of Medicare beneficiaries who either resided full-year in a long-term care facility or part of the year in a long-term care facility, as shown in Table 1.1. User rates in this table include full-year community residents who had short-term facility stays (institutional events), primarily in skilled nursing facilities, that were reported either during a community interview or collected through Medicare claims data. The residence rates in Table 1.1 do not count such people as residing full- or part-year in a long-term care facility.
- 2 Beneficiaries enrolled in Medicare HMOs are not included in individual categories in the table, but are included in the total. Beneficiaries who were not eligible for Medicaid at any time during 1998, but who had individually-purchased private insurance, employer-sponsored private insurance, private insurance from an unknown source, or who were enrolled in a private HMO are included in the category private insurance.
- 3 Medicare beneficiaries with end-stage renal disease (ESRD) are included within the subgroups of aged and disabled.
- 4 IADL stands for Instrumental Activity of Daily Living.
- 5 ADL stands for Activity of Daily Living.